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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/598,004			ing Date 10/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			-	HER THAN ALL ENTITY
FOR			NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	I	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A ′			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION F8 (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	is .	minus 3 =		•			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$: add	If the specification and drawi sheets of paper, the applicat is \$250 (\$125 for small entity additional 50 sheets or fracti 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter *0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	04/07/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOU PAID FO	₹ JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 16	Minus	·· 20		= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 3	Minus	***4		= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16()))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT	A	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	· 20	Minus	. 2	Q	=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	. ય	Minus	J	1	=		x \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		" "
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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